



Godley ISD Physical Clinic 2026

Junior High Permission Slip (No Parent/Guardian Present)

Student Name: _____ Grade (2026–2027 School Year):

Clinic Information

Date: Wednesday, April 29, 2026 **Location:** Godley High School Main Arena

Time: Student will be transported during the school day to attend the clinic (priority window 2:00–4:00 PM)

Parent/Guardian Permission

I, _____ (parent/guardian name), give permission for my child listed above to:

- Be transported from their campus to Godley High School
- Participate in the Godley ISD Free Physical Clinic
- Receive a UIL-required physical examination conducted by medical professionals

I understand that:

- I will not be present during the physical
- My child must bring all required forms, including a completed physical form and medical history signed by me
- Completed physical paperwork will not be sent home, but will be uploaded to Rank One
- I may request a copy at any time by emailing nicholeharmon@godleyisd.net

Medical Acknowledgment

I certify that the medical history provided is accurate to the best of my knowledge. I understand that this physical is for participation clearance purposes and does not replace a full medical examination.

Emergency Contact Information

Primary Contact Name: _____

Phone Number: _____

Secondary Contact Name: _____

Phone Number: _____

Parent/Guardian Signature

Signature: _____

Printed Name: _____

Date: _____

Office Use Only

Permission Slip Received: Yes No

Date Received: _____